

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Image Quality Improvement for SENSE With Low Signal Regions																								
Application Number :																									
Date :																									
First Named Applicant:		Ms. Elisabeth C. Angelos																							
Attorney Docket Number:		GEMS 0182																							
TOTAL FEE AUTHORIZED \$ 810																									
Patent fees are subject to annual revisions on or about October 1st of each year.																									
Filing as large entity																									
BASIC FILING FEE																									
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>1001</td><td>770</td><td>770</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 770</td></tr></tbody></table>						Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	1001	770	770				Subtotal For Basic Filing Fees: \$ 770								
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EXTRA CLAIM FEES																									
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 14</td><td>0</td><td>1202</td><td>18</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>1201</td><td>86</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>						Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 14	0	1202	18	0	Independent Claims : 3	0	1201	86	0				Subtotal For Extra Claims Fees: \$ 0	
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ASSIGNMENT FEES																									
<table border="1"><thead><tr><th>Fee Description</th><th>Property Number</th><th>Quantity</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Recording Each Patent Assignment Per Property Fee</td><td>00000000</td><td>1</td><td>8021</td><td>40</td><td>40</td></tr><tr><td colspan="3"></td><td colspan="3">Subtotal For Additional Fees: \$40</td></tr></tbody></table>						Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	Recording Each Patent Assignment Per Property Fee	00000000	1	8021	40	40				Subtotal For Additional Fees: \$40				
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AUTHORIZED BILLING INFORMATION																									
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																									
Deposit account number:		070845																							
Access Code		****																							
Deposit name:		GE Medical Systems																							
Deposit authorized name:		John S. Artz																							
Signature:		/john s artz/																							

Date (YYYYMMDD): 2003-10-07

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.